ilah I Ti I Ti H	212105
Name and Prisoner/Booking Number Ting Ley	1/_FILED LODGED
Place of Confinement	RECEIVED COPY
Mailing Address	MAY 5 2023
TULSON ARIZONA 857 City, State, Zip Code	CLERIK US DISTRICT COURT DISTRICT OF ARIZONA DEPUTY
(Failure to notify the Court of your change of address may result i	n dismissal of this action.)
	TES DISTRICT COURT ICT OF ARIZONA
CHAD Tingley, (Full Name of Plaintiff)	
Plaintiff,	
V.	CASE NO. CV-23-215-TUC-JAS(PSOT)
(1) barric prime L's -	(To be supplied by the Clerk)
(Full Name of Defendant)	CIVIL RIGHTS COMPLAINT
(2) Brian Mc Intyre,	BY A PRISONER
(3) KRBS MM MAYES-,	A Original Complaint
(4) ATTORNEY GENERAZ,	☐ First Amended Complaint ☐ Second Amended Complaint
Defendant(s).  Check if there are additional Defendants and attach page 1-A listing them.	<b>A</b> .
A. JURIS	SDICTION
1. This Court has jurisdiction over this action pursuan	Federal Narcotics Agents, 403 U.S. 388 (1971).
2. Institution/city where violation occurred:	

#### B. DEFENDANTS

1.	Na	me of	first Defe	endant:	MANH	hh	nnelŝ	The first	t Defendant i	s employed
as: _		<u> </u>	UKJESC	(Position	and Title)	March Land	<del></del>	police	SIRT POPU Institution)	manuscript (Manuscript )
2.	Na	me of	second D	)efendar	it: Bria	N	16 moyre	. The second Def	endant is emp	loyed as:
as: _		000	HOSC	(Position	and Title)	Jamey	at	Cauty A	TTY OFF	14.
3.	Na	me of	third Def	fendant:	K1215	Ton_	MAYE	The thir	d Defendant i	s employed
asi		<i>E</i>	711000	(Position	and Title)	C190	at		(Institution)	Tree to contribute on a manufacture of the tree to a manufacture of the tree to the tree tree to the tree to the tree tree to the tree tree to the tree tree to the tree tree tree tree tree tree tree
4.	Na	me of	fourth De	efendant	4			The fourt	h Defendant i	is employed
as:				(Position	and Title)		at at	, The fourt	(Institution)	
					C.	PREVI	OUS LAWSU	ITS		
1.	Ha	ve voi	ı filed anı	v other l			re a prisoner?		<b>⊠</b> No	
^ !		*		-		•	•		, ,	
2.	If y	yes, ho	w many	lawsuits	have you file	ed?	Descri	be the previous lav	vsuits:	
	a.		prior law							
		1.	Parties:	***************************************		<del></del>	V			
					number:	***************************************			<del> </del>	Washington and says a
		3.	Result:	(Was t	he case dismi	issed? V	Vas it appealed	? Is it still pendir	1g?)	and the second s
	b.	Seco	nd prior l	awsuit:						
							V.			
					number:					
		3.	Result:	(Was t	he case dismi	issed? V		? Is it still pendir	_	
	c.	Third	l prior lav	vsuit:						
					Necessary (established alakala periode	4 440,440, 14 parter transport	v.			
		2.	Court at	nd case i	number:	NA) a nakala da dalimbak dakan mekebelak dakan kelebak		and the state of t		-
		3.	Result:	(Was t	he case dismi	issed? V	Vas it appealed	? Is it still pendir	g?)	

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

#### D. CAUSE OF ACTION

COUNT I
1. State the constitutional or other federal civil right that was violated: 8TH Amendment (CUMY ph/30WS 41- Help 10H care \$3-31-163, 57465.
2. Count I. Identify the issue involved. Check only one. State additional issues in separate counts.  □ Basic necessities □ Mail □ Access to the court □ Medical care □ Disciplinary proceedings □ Property □ Exercise of religion □ Retaliation □ Excessive force by an officer □ Threat to safety ♥ Other: ∠wwy Three Medicale.
3. Supporting Facts. State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.    Dec 151 2022
CAUSING PRISH, ON AIS KNECK- MEDICAL PAILED TO PROVIDE PLICATION OF THE 8TH AND 1414 Amend Manys OF UNITED STATES CONSTRUCTOR RIGHTS-
14 114, Amond manys of united somes constitutions Rights - ASQ midden conditions Report 28-3005 folly not provided, OF ABOUT 3-manys- FYFOSSURE OVER THE COURSE
of ABout 3-month's- Expossible our The course
4. Injury. State how you were injured by the actions or inactions of the Defendant(s).  RASH ON NEW MAYS NOT BEING TREATED HAS NOW  CAUSED PENNAMED DAMASE, AND JOSSIBLE LUNG-  CANCER, AT AGE SO YEARS OLD,
Administrative Remedies:  Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Did you submit a request for administrative relief on Count I?  Did you appeal your request for relief on Count I to the highest level?  If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.
Seex GRIEVANCE copie New pages -

From: Chad Tingley Booking # Date Time:  Inmate Name  1. Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.  Medical Malgracket Stopping and Diesci ibing meds by not a MO prescribing meds to not a MO prescribing meds to meds to med in the drag addender Specificity state at a prescribe when I take sield meds specificity state at a prescribe when I take sield med a formally prior to filing this formal grevance.  Geen to the completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grevance.  Geen to the whole what have were during that were during that Malgrachter and side attempts to resolve complaint informally prior to filing this formal grevance.  Geen to the whole what have were during that Malgrachter and side attempts to resolve complaint informally prior to filing this formal grevance.  Geen to the whole what have were during that Malgrachter and side attempts to resolve complaint informally prior to filing this formal grevance.  Get to the weath for the work of the stop of the completed by Inmate): Explain your reasonable proposed resolution.  Cellum malgrachter whole feels single proposed resolution.  Cellum malgrachter whole feels single proposed resolution.  Cellum malgrachter was stop of the great continued who the stop of the great great was stop of the great great for the great	🏸 Cochise County Jail Inmate Grievance – Level O	ne
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for all health visits & also per prescriptions.	Officer's Cignature	
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	medigal 1/11/2	2023

1.18M	ation
Response from in midlical II.	per
molica V.	
	Return a copy to inmate if resolved.
Supervisor's Signature	Date 23002
File in "Grievance File" (informally resolved)	). Tracking #;
Continue as a Formal Grievance	
Inmate Signature	Date
DATE RECEIVED:	NUMBER:
DATE RECEIVED:  /I. Investigating Officer's Response (Formal): I have investigating officer's Response (Formal):	
	NUMBER:stigated the above grievance and have taken the following action:
VI. Investigating Officer's Response (Formal): I have investigating	stigated the above grievance and have taken the following action:
VI. Investigating Officer's Response (Formal): I have investigating	
VI. Investigating Officer's Response (Formal): I have investigating	stigated the above grievance and have taken the following action:
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VI. Investigating Officer's Response (Formal): I have investigating	stigated the above grievance and have taken the following action:
VI. Investigating Officer's Response (Formal): I have investigating officer's Response (Formal):	stigated the above grievance and have taken the following action:  Return a copy to inma

ro: Orreign	e officer	Received By:	Date/Ti	me:
From:	Inmate Name	SSS 25 Booking #	Pod/Cell #	1/9/13 Date
I. Grievan		nate): Describe the reasons and t		<b>,</b>
10e1	ag donned	proper med	lical needs	for my
Coon	He core a	ondition HIV	current med	1 not
Wex	Eng I par	- right Lo f	noper, medical	needs
West	LUJ COCHSE	2 Com attoo	dit or noi	<u></u>
	ce (To be completed by Inngrieyance.	nate): Document reasonable atter	mpts to resolve complaint inform	nally prior to filing this
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and	In how Sig	obili and me	11 (1)	rolustra fr
treat	my health	negali renim	10 4	the medical
Con	d for fran	eduleted frihi	ra as well	Frand"
III. Grievan	ce (To be completed by Inn	nate); Explain your reasonable p	roposed resolution.	
the	. The proper	blood work	freat ar for	my
Sta	s and dry	rop my med	5 apropretly	
(JA	y are m	megiza!	green cos 6	Plng
		- I grove		
	Inmate Signature		Date 973	
IV. Duty Of	fficer's resolution (to be con	npleted by duty officer prior to fo	orwarding to Shift Supervisor):	
***************************************				
***************************************	<del></del>	10 1 111	1.	
P)	#	WD to Me	CHICAL	· .
	TAL	, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	16160	
Officer's	Signature		19733 Date	

Investigating Officer Signature	Return a copy to inma
DATE RECEIVED:  I. Investigating Officer's Response (Formal): I have	NUMBER:e investigated the above grievance and have taken the following action:
innate dignature	
Continue as a Formal Grievance  Inmate Signature	Date
File in "Grievance File" (informally reso	olved). Fracking #i 22 - 822
Supervisor's Signature	Return a copy to inmate if resolved.  Date
	•

# Case 4:23-cv-00215-JAS-PSOT Document 1 Filed 05/05/23 Page 8 of 21 LEVEL-TWO, INMATE GRIEVANCE APPEAL FORM

To: <b>JAIL</b>	COMMANDER	Received By: 839	Date/	Time: 01 .20.2023 022
From:	Mad Ingle	Booking #	5/ /5 Pod/Cell #	Date / 3
I.	GRIEVANCE APF I am appealing the decis	EAL (to be completed by int ion of the Hearing Officer (grievan	mate): ce and response attached) for the	following reason (s):
1 TO COCHE	Lyas prescribed  not refused my  roachier and  the Thorn crot  ochise counts a  must think they  in sur	ments meds by a da marked treatment pesse the ARS does stack the n'c ARCSS DOC Can n'd its the public heal, on charge a immake	cher one cochse sa or itsed me meds the of fees cant be of it charge me so he the Dept your don't or it want the law on	Shoped from  got coursed  for gect to me  if there can  book so why does  d will love he has a
If	_	al care, I hereby grant jail personne	el involved with its resolution, ac	cess to my medical file.
II.	JAIL COMMAND I have reviewed the attace	ER'S RESPONSE: ched grievance and response. It is a	my recommendation that the follo	owing action be taken:
	Jail Commander Si	ynature.	Date	return copy to inmate.
		e File" (RESOLVED)		
		e File" (RESOLVED)		
_	Inmate Signature		Date	

TO INMATE: THE JAIL COMMANDER'S DECISION IS FINAL AND NOT SUBJECT TO ADMINISTRATIVE APPEAL. THIS CONCLUDES THE FORMAL INMATE GRIEVANCE PROCEDURE. YOU MAY ELECT TO FILE A COMPLAINT WITH THE FEDERAL DISTRICT COURT.

Cochise Common Document 1 Filed 05/05/23 Page 9 of 21

Cochise County Jail Inmate Grievance – Level	Un
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- Course officer	n : in & 1.00		nte/Time: 01/2	20123 1	15Z
From: Chad Tingley Inmate Name	Received By: Oc. USS Booking #	5 5 / 5 Pod/Cell #	Da	20/23	<u> </u>
I. Grievance (To be completed by Inmat  WMP H ARS	te): Describe the reasons and na	ture for your complaint.	$\bigcap C$	/\ <del>\</del> ^?	
to be sont to	DOC William	16 day	S GCOV	dire	4
after sentencina	ensidered Ciruc	( unusual p	Junir hem	024-	_
<ol> <li>Grievance (To be completed by Inmat formal grievance.</li> </ol>	te): Document reasonable attem	pts to resolve complaint i	informally prior	to filing this	
This is my	affer to	resolve	1/195	rssu	e
			VALUE AND ADDRESS OF THE STREET OF THE STREE		_
III. Grievance (To be completed by Inmai  Move mel  Constitutoria	te): Explain your reasonable pro	Gr In	Glin u F	ej	
May Trus Inmate Signature	1	1/20/2-3 Date	7		-
IV. Duty Officer's resolution (to be comp					
The DOC package is will be send from the complaint is not a	court to the man	Country jail	The DOC entending.	Padrage Var	_
complaint is not a	goicuable.	04.1	0	Ů	_
Officer's Signature		01/21/2623 Date	- was all to describe		•

_			eturn a copy to in	mate if resolved.
	Supervisor's Signature  File in "Grievance File" (informally resolved).	Date	Tracking #:	?3-0011
-	Continue as a Formal Grievance  Inmate Signature	Date	123	·
	ATE RECEIVED:	gated the above griev	NUMBER:ance and have tak	en the following action:
		gated the above griev		
		gated the above griev		
		gated the above griev		
		gated the above griev		en the following action:
		gated the above griev		

	COUNT II
1.	State the constitutional or other federal civil right that was violated: 6 Th Amendment  RIGHT, TO 1eght Access IN Cochese canny The
2.	Count II. Identify the issue involved. Check only one. State additional issues in separate counts.  ☐ Basic necessities ☐ Mail ☐ Access to the court ☐ Medical care ☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation ☐ Excessive force by an officer ☐ Threat to safety ☐ Other: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
citi	th Defendant did or did not do that violated your rights. State the facts clearly in your own words without ng legal authority or arguments.  PRINCESTED AND CHANGES WITH POSCESSYON OF BASSIC, CONTRAINS SESSION OF BISTERSING OFFICE OF THE PRINCESSYON.
5	Claim's IT WAS MESTA, SUPPRISING SATTURES— 13-3408, ARS— NOT ENCUSING TO BE TESTED, INMINE WAS LINABLE TO ABSIST IN, I'VE LEGAL BATTLE, IN SELF DEFFORMS, GIZIENANCE, PESPINIE NEXT PASE,
4.	Injury. State how you were injured by the actions or inactions of the Defendant(s).  SCHEMIC TO A YEAR'S PULSUR.
5.	Administrative Remedies.  Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  By Yes No  Did you submit a request for administrative relief on Count II?  C. Did you appeal your request for relief on Count II to the highest level?  Did you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

James Case 4:23-cv-00215-JAS-PSOT Document 1 Filed 05/05/23 Page 12 of 21

<b>Cochise County Jail Inmate Grievance –</b>	<b>.</b> — (	Grievance –	evel (	)ne
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To Greene Africa Received By: Occ U6550UE4 Date/Time: 01/20/23 /530	
From: Chad Tingley SS 75 SE 5 Inmate Name Booking 875 SE 5 Pod/Cell # Date 1993	
I. Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.  Flat refused my right to the law liberary its love weeks since I have reguested across almost 3 weeks	
II. Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance.	
Asked several times to go to the brown and been refused and been denred the ability to file motions with the court without a attorney	
III. Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.  All accept to horry with  Getternt information and the right of  Getternt informatio	
IV. Duty Officer's resolution (to be completed by duty officer prior to forwarding to Shift Supervisor):  1 Ofc Wessell & checked all requests for the law liberg. How request from 1st Juny 2 is on the list. Due to the high unnber of unrestes/requests and the limited time for low libery (only of weekends of he court) the waiting him our take a few weeks.	:23
Office N Signature Date	

Investigating Officer Signature	Return a copy to inn
DATE RECEIVED:  Investigating Officer's Response (Formal): I have investigated the	NUMBER:above grievance and have taken the following action
Inmate Signature Jing/eng	Date 21/2-3
File in "Grievance File" (informally resolved).  Continue as a Formal Grievance	[Fracking #:
Supervisor's Signature Date	
	Return a copy to inmate if resolved.

Torrice 423 pt-20215-JAS-PSOT Document 1 Filed 05/05/23 Page 14 of 21

Cochise County Jail Inmate Grievance – Level One

To Orieson ce Officer Received By: Occ USSSOUCH Date/Time: 01/20/23 /530
From: Chad Tingley St 875 SE 5 Date 1993  Booking# 875 SE 5  Pod/Cell# Date 1993
I. Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.  Flat refused my right to the law liberary its been weeks since I have reguested access almost 3 weeks
II. Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance.
Asked severa fines to go to the bibrory and been refused and been denied the ability to file motions with the court without a attorney
III. Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.
decrent information and the right to fle Filemation & throw the sail to the one of your without wing the mail system
Inmate Signature Jack 129/23
IV. Duty Officer's resolution (to be completed by duty officer prior to forwarding to Shift Supervisor):
I Obe Westelle checked all requests for the law libery. How request from 1st Juny 2 is on the list. Due to the high uniter of unackes/requests and the limited there for low libery (only of weekends after court) the waiting him our take a few weeks.
Office Signature  Ol/21/2623  Date
Office Signifure  Fruit (3017 520-249-5259)

٧.	above named inmate and have taken the following acti	opt (informal): I have addressed the nature of the complaint of the compla	the
	Regulate to use the	law library are hand/	eS
	on a lifirst come, first ,	served buris" there are	
	requests that are	aherd of yours. We u	a! //
	get to your reg	vest as soon as possible.	
	You can said mation to t	te curt through the jail	ų
	Supervisor's Signature	Return a copy to inmate if resolved.	
	File in "Grievance File" (informally resolved	23-06/3 Tracking #:	
	Continue as a Formal Grievance		
	Inmate Signature	Date	
VI.	DATE RECEIVED:  Investigating Officer's Response (Formal): I have investigating (Forma	NUMBER:estigated the above grievance and have taken the following action	on:
			<del></del>
			·
			******
	Investigating Officer Signature	Return a copy to in Date	mate.
	Inmate Signature	Date	

$T_0$	rievance officer Received By: Occ USSSOURY Date/Time: 01/20/23 /53
From:	Chad Tingley SS 75 SE 5 Pod/Cell # Date 1975
I.	Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint.  Flat refused my right to the law literary its love weeks since I have requested access almost 3 weeks
II.	Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance.
	Asked several fines to go to The library and been refused and been I denied the ability to file motion with the court without a attorney
	Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.  GRAM ACCES TO JOSTA WHAT TIGHT AS FIRM A HARMAN AND AND TIGHT AS THE MAN AND AND THE MAN SYSTEM WHAT WING THE MAN SYSTEM LIMITED TO SUPPLY STEMM WHAT WING THE MAN SYSTEMM AND AND THE MAN SYSTEMM AND AND THE MAN SYSTEMM WHAT WING THE MAN SYSTEMM AND AND THE MAN SYSTEMM AND THE MAN SYSTEMM WHAT WING THE MAN SYSTEMM AND TH
	Officer's Signature Date

-	Inmate Signature	Date	<u> </u>
-	Investigating Officer Signature	Date	Return a copy to inmat
-			
-			
VI. I	nvestigating Officer's Response (Formal): I have investig		
1	DATE RECEIVED:	NUMBER:	
	Inmate Signature	Date	
_	Continue as a Formal Grievance		
_	Supervisor's Signature  File in "Grievance File" (informally resolved).		o inmate if resolved.
-			
_		:	,
_			

	COUNT III
1.	State the constitutional or other federal civil right that was violated: Sobre of Apar Comp
مالتناها سيد.	And 14019 pronounce US CODSOBJUDION
2.	Count III. Identify the issue involved. Check only one. State additional issues in separate counts.  □ Basic necessities □ Mail □ Access to the court □ Medical care □ Disciplinary proceedings □ Property □ Exercise of religion □ Retaliation □ Excessive force by an officer □ Threat to safety ☑ Other: □ Charles Workstow Workstow
_	Comment of the Commen
3.	Supporting Facts. State as briefly as possible the FACTS supporting Count III. Describe exactly what the Defendant did or did not do that violated your rights. State the facts clearly in your own words without
milli	ng lagal authority or arguments
CIU	Suppleme canon prish pur or constitutions of canonics
. <	Supremy cuma Pulles pur or culty and
	canon's Need to cheek with other canotes
	·
	Beken scholing smare's to prison, Stepphe page 2
	Cours Returns,
	From montego to the vicisor
***************************************	confres they so cochese cuty for cause
g. 100 110 1	Appendence on eyen costy working oson son
***************************************	Count Returns; Flow Imputing To The Thusow Compiler Then so cochese ching For count papernence, on open case, Booking 88875 SENS personal Part Part Sensing Crestot's - Filed ON MARION 1974 2023,
	1 march 1904 2023.
	NOT YET ANSWER BY THE COURT
	IN BISBEE MITONA
-	
No seekeessansee	
4.	Injury. State how you were injured by the actions or inactions of the Defendant(s).
	·
L	
***************************************	
5.	Administrative Remedies.
	a. Are there any administrative remedies (grievance procedures or administrative appeals) available at
	your institution?
	b. Did you submit a request for administrative relief on Count III? ☐ Yes ☐ No
	c. Did you appeal your request for relief on Count III to the highest level?
	(d) If you did not submit or appeal a request for administrative relief at any level, briefly explain why you
	did not. Filed, copie of morrow with store Bus of
	AND ZOUB, 4301 NONTH 24M, PHX AZ 85004

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

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	1	0	N.
- Alexander		0 >	

Cochise County Jail Inmate Grievance – Level One To: Commer officer Received By: H. Sandly Date/Time: 17/11/27 1930 Grievance (To be completed by Inmate): Describe the reasons and nature for your complaint. Searcaation II. Grievance (To be completed by Inmate): Document reasonable attempts to resolve complaint informally prior to filing this formal grievance. III. Grievance (To be completed by Inmate): Explain your reasonable proposed resolution.

Clay Many Inmate Signature	/ 2_// 6/ Date	72_
IV. Duty Officer's resolution (to be completed by d	uty officer prior to forwarding to Shift Sup	ervisor):
H. Sundly Z Officer's Signature	17/11/27 Date	7

V. Shift Supervisor's or assigned officer's action and receipt (informal): I have addressed the nature of the complaint of the

above named inmate and have taken the following action:	· · · · · · · · · · · · · · · · · · ·
COVID procedures are n	ot a Romishment.
They are put in place	
by the CDC quidelines.	CO TO TO CONTINUE CON
my are the goldennes.	
Supervisor's Signature ZILY 17/11/2	Return a copy to inmate if resolved.
File in "Grievance File" (informally resolved).	Tracking #: <u>22-<b>659</b> </u>
Continue as a Formal Grievance	•
Chia My	
Inmate Signature I	Date
DATE RECEIVED: $\frac{12}{13}$	NUMBER:
VI. Investigating Officer's Response (Formal): I have investigated the above	e grievance and have taken the following action:
The inmate has not provided a.	reasonable resolution
The enmate has listed persons	D. Dining
provided nothing relevant to t	nen complaint.
Officer Sanders has responded	appropriately.
-	
(1)	
Kit Manual Comment	talulla s.
St. Weisner Investigating Officer Signature	Return a copy to inmate.
St. Weisner Investigating Officer Signature	Return a copy to inmate.  Date
	Return a copy to inmate.  Date  ate

#### E. REQUEST FOR RELIEF

State the relief you are seeking:	Secreca And
COUNT TWO 500,000.	500,000, And
WITH All MediCAL Exsp.	ences covened proces
Settlemont, Recuested	25- PAIN AND SUPPORTUE
I declare under penalty of perjury that the foregoing is true ar	nd correct.
Executed on	SIGNATURE OF PLAINTIFF
(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)	
(Signature of attorney, if any)	
(0	
(Attorney's address & telephone number)	

#### ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.